

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036911

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 209

Primary Registration District No.

Registrar's No. 35

STATE FILE NUMBER

FILED OCT 14 1963

1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Fabius Township

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY
OR
TOWN

St. Louis

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

2722 Gravois

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

FIRST VIRGINIA

MIDDLE MAE

LAST JOHNSON

4. DATE OF DEATH

Month Day Year
Oct. 1 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Nov. 9 1944 18

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

John Johnson

13b. MOTHER'S MAIDEN NAME

Mary Winslow

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

John Johnson 2722 Gravois St. Louis Mo.

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Drowning

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Drowning

20c. TIME OF INJURY

Hour a.m. p.m.
Month, Day, Year
10/1/63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Drowning in Mississippi River

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Marion Mo.

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Wesley E. Brown

Sheriff Act. Coroner

22b. ADDRESS

Palmyra Mo..

22c. DATE SIGNED

10/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/4/63

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cem

23d. LOCATION (City, town, or county) (State)

St. Louis Mo.

24. FUNERAL DIRECTOR

ADDRESS

E. T. Sprague

Palmyra Mo.

25. DATE RECD. BY LOCAL REG.

10-4-1963

26. REGISTRAR'S SIGNATURE

By Viola Rues, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

DATE AMENDED

10640

2249

3

4 1

5 0

6

7 0

8 2

9298

10 42

11 064

1290-3

13 1-0

OCT 14 1963

APR 1 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed E. J. Spague

Licensed Embalmer No. 3245

P. O. Address Palmyra, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.